V. S. No. 1

20. FILED aug 20

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.3
County Keuh	Registration Dist. No. 202
Village or City Chestertoern	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ida Frances and	Lerson
(a) Residence: No. Chestertown	Not de Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemole White Married (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF OLIFER ROMAN ON DELECTION	22. I HEREBY CERTIFY That I attended deceased from
ocora cagniraciana	m / 1932 10 0 9 /8 , 1932
6. DATE OF BIRTH (month, day, end year) Feb. 10th 1879	I lest saw he elive on Cary 28 / 19.3 Z; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 Pm.
53 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tuly no - Ly lengton 2.
9 Modustry or husiness in which	5
SAW MILL, BANK, etc.	72
10. Date deceesed last worked et this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) M	Other Coutributory Causes of importance:
(State or country)	***************************************
13. NAME John B. De kins	
E 10	
14. BIRTHPLACE (city or town) / (State or country)	Name of operation
A	What test confirmed diagnosis?
15. MAIDEN NAME Way Elizabet Lo Coupte 16. BIRTHPLACE (city or town) Mary Loud	23. If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis. Howard Personaghin	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Chestertown me	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Vauls Date Ceng 21, 19.32	Nature of Injury
10 HISTORIUS Chas. L. And A	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IRECEIVED		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 2 1332	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other centributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 088	,98	
1. PLACE OF	14			942		
County	Next .			Registration Dist. No. 202		
Village or Ci	ity Cliff Cely			NO. St.,St.	Ward	
Length of resid	dence in city or town where	death occurred		sds. How long in U.S. if of foreign birth?yrsmos		
2. FULL NAM	ME Charles	6. Can	und.			
(a) Residence			11	St. Ward.		
(a) Resident	. 1101	(Usual place	of abode)	If nonresident give city or town and State	e	
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Z Z (Month) (Day) 196	(Year)	
5a. If married, widowe		- "				
(or) WIFE of	Minna	W. Can	ugys	22. A I HEREBY CERTIFY, That I attended dece	ased from	
S DATE OF RIPTH	month, day, and year)	terel 2	14 1890	C 4	ath is said	
7. AGE Year		Days	If LESS than	to have occurred on the date stated above, atm.		
6	3. 6	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profes	sion, or particular	Do	1	arlino solovos	te of onset	
SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	yeur	eq.	angun pretons		
work was	business in which done, as SILK MILL, L, BANK, etc					
0 10. Date decease	ed last worked at	11, Total	time (years)			
this occupation (month and spant in this occupation occupation						
12. BIRTHPLACE (cit	y or town) Mary	eard.		Other Contributory Causes of importance:		
(State or coun	itry)	~		_		
13. NAME	Up. Hackan	if Come	Joho.			
14. BIRTHPLACE		f. 0	7 /	Name of operation Date of		
(State of	1/-1/8	7		What test confirmed diagnosis? Was there an autop	sy?	
15. MAIDEN NAME Vate Gase. 16. BIRTHPLACE (city or town) Waxy land.				23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE	(city or town) Mark	yeard.		Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT Page Company				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR REMOVAL				Manage of Indiana		
Place St. Paul Cemetary Date Aleg 5th 1932			\$ CR 1932	Manner of injury		
Por Carl				24. Was disease or injury in any way related to occupation of deceased?		
19. UNDERTAKER (Address)	Chestus	town Me	e /	If so, specify		
and	7 . 12	in	1 Nias	(Signed) III Amples	M. D.	
20, FILED	y, 19.92.7	V	Registrar.	(Address) Chilettown		

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S'A NYHAR	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ()	3 days ago
		OBALBOSH	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL STACE FOR FURTHER S	
1		

ADDITIONAL CDACE BOD BUIDMIND OF MINERALES DATES OF THE COLOR

should state of infor-

item

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FION is

V. S. No. 1

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Chronic interstitial nephritis SER 2 1092	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones May 1,1		Gastroenteritis	1 year	

ADDITIONAL SPACE FO	FURTHER ST	TATEMENTS BY	PHYSICIAN
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BINDIN

FOR

RESERVED

MARGIN

S. No. 1

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E	xample I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	L	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:	C (18)	
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1890)
1. PLACE OF DEATH	95-2)
County Ment Causty.	Registration Dist. No. 2032
Village or City Drown Hown.	St.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME GLORGE Derry	
(a) Residence: No. 1 Ave testown (V)	1 3 Mayard
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Colored. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH Aug 7 (Month) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lusie Rusey	1 FEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Mode. 24; 1880	Hast saw h wastive on Dally 2 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at N = 1
41 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Haven Hand.	Cardro Qual peons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this seen tin this	Acsec .
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mary land.	Other Contributory Canses of importance:
(State or country)	Meloso Oller vect
13. NAME Wes Jacob Ratry	\$4
13. NAME West Joseph Revery 14. BIRTHPLACE (city or town) - Ma	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Taccea Casses.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Service Resery CA 3 ms	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Partona. Date Cing 10, 1932	Nature of injury
19. UNDERTAKER ABLLIS Clark. (Address) Chesterlawy Rd	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 10, 1932 W.J. Ducks. Registrar.	(Signed) Deerly Sheere to M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEAGOEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08902
1. PLACE OF DEATH	201
County County County	Registration Dist. No.
Village or City / Occlester Estates	deglo occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred regis were	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Learge M. Cadin	
(a) Residence: No. 1637 Coswell	St. Barlos. Ned
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mile Single	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	19 to 19
6. DATE OF BIRTH (month, dey, and year) Queg. 28, 1915.	Had say h M. alive on O TI 19/2 dealt is said
7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, at 3,30 1/2-m.
17 0 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8 Trade profession or particular	accelerate Drowning Jug 31/2
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et	23.7
9. Industry or business in which work wes done, as SILK MILL,	Body recovered T. a.m. 1.
SAW MILL, BANK, etc	Sell 1, 1932
this occupation (month end spent in this occupation	77702
$\Omega = 0$	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Lalto . , Mrd (State or country)	
1 Marco	
E	
A 14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diegnosis? Wes there en eutopsy?
	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) footo, flor (State or country)	Accident, suicide, or homicide?
Quala E. O. Coust.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
37 (Address well St. Ballo. No. 1.	y specify whether injury occurred in INDUSTRI, in IDME, of in Public PEXCE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece Saltemans Dete Alp 7, 1932	Neture of injury.
10 HADERTAKES to has I honded	24. Was disease or injury in eny way related to occupetion of deceased?
19. UNDERTAKER ACTIONS (Address) Colester Town Ma	If so, specify
00 FUED X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Harry L. Duld, Car, M.D.
20. FILED MARIE 1., 192 L. S	Constertown, Mary land.
If more blanks are needed, address State Revisivar	2477 N. Charles Street Baltimore Requesting 9) S. No.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Man 1 1009	Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteruts	1 year

-	•
PHYSI-	PLACE OF DEATH County Kent
HT 00	Village or City Mas
RECORD ed EXACT forly class	2FULL NAME
NT REC	PERSONAL AND ST
N S S S S S S S S S S S S S S S S S S S	3 SEX 4 COLOR OF
ERM: Hould It may	6 DATE OF BIRTH
m 0 w	TA as I

		OF DEATH	,				
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Vill		Mass LL NAME	/1			Hi	err
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6 D	ATE OF BIR	тн					1
		und	(Month)	<u> </u>		, 18 (Yea	
7 A	GE					If LESS t	han ar
		56 yrs.	m	os.	ds.	l daym	
	o) General nusiness, or e	ofession or d of work ature of indus stablishment in ed or (employe	try	om	esti	<u>.</u>	
9 E	State or con	untry)	m	rd.			
	10 NAME C		uce	13	ww	n	(S
SLN	11 BIRTHPL OF FATH (State of	ACE		nd.			
PARE	12 MAIDEN	HER MA	atild	la E	Elle	vet	18
		Country)		mo			A of W
14	(Informant	Sev	E BEST	,		DGE	if Fo
	(Add	/	mas			1.	15

Filed ang. 4- 198 2 Merritt Br

STATE OF MARYLAND CERTIFICATE OF DEATH

(131

	Registration D	ist. No.
St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME Ir- stend of street and number.)

Colored Single. MARRIED, Videred OR DIVORCED (Write the word)	16 DATE OF DEATH Quy. 2, 1932 (Month) (Day) (Year)
- Unbrown. 1876	17 I HEREBY CERTIFY, That I attended the deceased from July 10 19232 to lug 2 , 19232
(Month) (Day) (Year)	that I last saw halive on, 192,
36 yrs. mos. ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 2. M.m. The CAUSEOF DEATH * was as follows: Lyou'c Wifilinits
fession or Domestie	
ture of industry tablishment in d or (employer)	Contributory Rue Gral Valvellar disease
ntry) Mid.	Secondary, (Duration) yrs. mos. ds.
Horace Brown	(Signed) M. D. (Signed) M. D. (Signed) Surphin lug
country) Md.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
NAME Matilda Elliot	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ACE ER Country) Md.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
STRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
ess) masseg, md.	Harris Com. Massey Med aug. 4, 1932
g. 4- 1982 merrett Brice	John a. Tobint Sen millington M
Ulf more bianks are needed, address tate Registral	, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

S. No. 1

N-B.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process continuous etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic affection need etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

infor- state UPA-		CERTIFICATE OF DEATH 08904
	1. PLACE OF DEATH	Parietration Diet No. 202
should of OCC	County Clerk	Registration Dist, No.
shor of O	Village or City The Skin Cowns	death occurred in a horpital or institution, ptye its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos ds.
Every CIANS ement	2. FULL NAME Charles NY tes	Lerson.
RD. Every YSICIANS statement	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. Fract	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male While Wilder ("rice the word)	(Month) (Day) (Yeer)
PERMANEN EXACTI	5a. It married, widowed, or divorced HUSBANO ot (or) WIFE of Maryand felson	22. I HEREBY CERTIFY. That I attended deceased from 19 25, to Aug 5 193 2
	6. DATE OF BIRTH (month, day, and year) Die 22-1846	Hast saw him alive on aug 4 , 1932; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 200, m.
IS A stated proper	85- 7 13 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS I be s be p	8. Trade, protession, or particular kind of work done, as SPINNER petused farmer SAWYER, BOOKKEEPER, etc.	
jumpi .	S Industry or business in which	Chronic arthretis 1925
ma	work was done, as SILK MILL, SAW MILL, BANK, etc	
- FE FO	year) occupation	Other Spatributory Causes of importance:
So	12. BIRTHPLACE (city or town) Drugana	Chronic Endocarditis 1930
UNFADING supplied. AGF n terms, so that	(Steto or country) (Steto or country) (Steto or country) (Steto or country)	
	E 13. NAME CAN LAW Sefferson	
I si	14. BIRTHPLACE (city or town)	Name of operation
~ ~	15. MAIDEN NAME Rutto Redshaker	Whet test confirmed diegnosis? Wes there an autopsy? / LQ
F de F	0 16. BIRTHPLACE (city or town) Salemer	Accident, suicide, or homicide?
T C C	16. BIRTHPLACE (city or town) Saleme (State or country)	Where did Injury occur?
should be ca OF DEATH	17. INFORMANT Moman fefferson	(Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE lation s AUSE ION is	Place Suste Lown Oate ling 8, 1932	Nature ot injury
WRITE mation s CAUSE TION is	19. UNOERTAKER Of A Streets (Address) The statown Ma	24. Was disease er injury In eny way related to occupation of deceased?
Ä. B.	20. FILEO Aug 8, 1932 W.J. Dlicks	(Signed) N. Deryl Summons M. D. (Address) Chile le of our M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

incipal cause of death and related causes ortance were as follows: of epilepsy r by street ear	1 week ago 1 week ago 3 days ago
r by street ear	1 week ago
	-
tis	3 days ago
	3 34
	1 year
	contributory causes of importance:

IV	. Every item of infor-	ICIANS should state	tement of OCCUPA.
5	ENT-KECORD.	LY. PHYS.	ed. Exact sta
OR DINDIN	S A PERMANE	tated EXACT	roperly classifie
MANGIN REDENVED FOR BINDING	P-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	PPLAINLY, WI	should be carefull	OF DEATH in pl

N. B.—WRITE PLAINLY

V. S. No. 1

mation s CAUSE

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08905
1. PLACE OF DEATH	(106-2)
County /Lew	Registration Dist. No. 203
Village or City. Alexander Poch	No. Rock Stace St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME THE CONTRACTOR OF	elly
(a) Residence: No. (Usual place of abode)	98, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 18 198
5a. If married, widowed, of divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
factor society	Mark 19.37, to 19.37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Assurement	Teles one formetile 5mg
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation Type	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	Sudden & Ruomage
13. NAME John Thems South	June 19 deag-
14. BIRTHPLACE (city or town). Balls	mosts made on suspected, curgo
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Orunta Dest.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Muss Ida Kelly (Address) Rock DKall.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
R Place takey to hapit Oatolling 2/1937	Nature of injury
19. UNOERTAKER O Kas. L. D. odd	24. Was disease or injury in eny way related to occupation of dateased?
(Address hester town INd	If so, specify
20. FILED 8/19 1932 B. Lin Dendung	(Signed) M. O.
Registrar.	(Ardress) Westerland Ins

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Engr			N HITE
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

be carefully supplied.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

RECORD. Every item of infor-

B.—WRITE PLAINLY, mation should be care

ż

1. PLACE OF DEATH County		Registration Dist. N∞	202
Village or City Chrolestown		No	St Ward
Length of residence in city or town where death occurred		death occurred in a horpital or institution, give its NAME instead of ds. How long in U.S. if of foreign birth?	
2. FULL NAME	Lee		
	120	Ct Word	
(a) Residence: No(Usual place of	of abode)	St., Ward. If nonresident give city o	or town and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF D	EATH
	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH Cing 25 (Month) (Day	, 193 2 (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. A I HEREBY CERTIFY That	l attanded deceased from
DATE OF BIRTH (month, day, and year) Coug 25° AGE Years Months Days O D D	If LESS than 1 day,hrs.	1 last saw h alive on to have occurred on the data stated above, at	, 19 ; death is sai
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc		(Ample 1)	every
O Date deceased last worked at this occupation (month and spen	me (years) at in this pation	Dither Contributory Causes of importance:	
13. NAME That Lau 14. BIRTHPLACE (city or town) Wax (State or country)		Name of operation.	
15. MAIDEN NAME Lilling Viola Si	s ma	What test confirmed diagnosis? Wa 23. If death was due to external causes (VIOL ENCE) fill in also the Accidant, sulelda, or homicida? Date of Inj Where did Injury occur? (Specify city or town, cou	nty and State)
(Address) Shister Towns BURIAL, CREMATION, OR REMOVAL Place Shister Lower Mid. Data City	ma 925-, 1989	Specify whether injury occurred In INDÚSTRY, in HOME, or In Manner of injury	PUBLIC PLACE,
UNDERTAKER John Motthew (Address) Pristolown	mo- Hickel	24. Was disease or Injury In any way related to occupation of de If so, specify	ceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory-causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset			Example II	
The principal cause of deat of importance were as follow	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 2 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Y	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
	4.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH 131 stated EXACTLY, e properly classified of certificate. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. pe BINDING may be WIDOWED (Write the word) (Day) pinou I HEREBY CERTIFY, That I ettended the deceased uo 6 DATE OF BIRTH instructions that (Day) (Year end that death occursed on the date stated above, at IIf LESS than 7 AGE I day hrs. terms SERVED ds. or min.? 8 OCCUPATION 99 (a) Trade, profession or particular kind of work INK piai (b) General nature of industry business, or establishment in œ which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) EA (Duration) 10 NAME OF ۵ (Signed). FATHER 0 BIRTHPLACE ENTS OF FATHER *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. (State of country) OIL PARI 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. . yrs......ds. (State or country) should ent of O Where was disease contracted, if not at place of death? Former or usual res.dence. Every it CIANS stateme BURIAL OR REMOVAL 26 UNDERTAKER If mora blanks are needed, addross Étete Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from er," eta., Spinner, should be used only when needed. As e-amples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Louscheepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Mever return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, et Physician, the first line will be sufficient, g. Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile fectory. The material Laborer-Coal mine, etc. Locomolive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; "...ohar pneumonia, Bronchopneumonia");

stated unless important. (secondary as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. "Debility" ("Congenital," "Senile," etc.). "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 23 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstil at nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) Chronic Example: Mcasles (disease The nature of the injury, valvular heart affection etc. The contributory Nomenclature need not be Measles; discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

by of information should be carefully supplied ACE should be stated EXACTL. Apuld state CAUSE OF DEATH in plain forms so that it may be properly classified of OCCUPATION is very important. See Instructions on back of certificate.
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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Messet	Registration Dist. No. 200
	Village or City Sussafras (No	St.: Ward) (If death occurred in a hospitule or institution, give its NAME is stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I, HEREBY CERTIFY, That I attended the deceased from
	6 DATE OF BIRTH	at times for calout 2 years.
	(Conth) (Day) (Year	that I last saw h home of act of 20, 1925 2, and that doath occured on the date stated above, at 9 4 m.
	7 AGE [if LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
	OCCUPATION de or min.?	cerebral Hemmhase
	(a) Trade, profession or Jarm Laborer	
	(b) General nature of industry business, or establishment in which employed cr (employer)	(Duration) yrs Suddense.
	9 BIRTHPLACE (State or country) Leel,	Secondary (Duration) 2 yr mosds.
	FATHER Oliver Single	(Signed) See Sur Mi. D.
	OF FATHER Z (State or country)	*thate the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	C 12 MAIDEN NAME OF MOTHER THANKS	18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans-
	13 DIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?
	and the state of the	Former or usual residence
101110	(Informant) File Single (Address) Gilt Mid Rohl	S asily on h to cury 22 19 2
-	15 Filed any 21 1932 Gent James	20 UNDERTAKER ADDRESS
	Local (Kegistra)	Derch & more middlelound
	If more b.anks are needed, address/ tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from taborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As example : additional line is provided for the latter statement. cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im cortant, so that the relative health Statement of Occupation Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. guged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the first line will be sufficient, e g. Firmer or Planter, whatever, write None Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor. Foreman, engineer. For many occupations a single word or term on or At Home, and ehildren, without more precise specification as Day now in the kind of work and also (b) the For persons who have no occupation Stetionery Areman, et . 17702 20ch factory. The material Locomoline engineer, not gainfully em-But in many (6) (ore cry;

Stateme, t of Can e of Death—Name, first, the DIS-EASE CAUSING DEATH the propy affection with respect to time and ease tion, he g always the same accepted term for the same dimma. Examples: Corebrosphal fever (the cally definite symmym is "Tpidemic cerebrospinal mentaliti"; Diphthesia avoid use of "Croup", " Typhoid fever (never report "Typhoid Preum mia"; " Lobar preumonum Bronchopneumonia "Pneumonia."

> diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary), stited unless important. telanus) may he stated under the head of contributory carbolic acid-probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HO HIGH A., State cause for which surgical operation was undercan be ascertained as the cause. Always qualify : il "Debility" atic), "Atrophy," "Collapse." "Coma," "Convulsions, (secondary or intereurrent) affection need not be Thronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and eonsequences e accident; Revolver wound of head-homicide; Poiso ed by Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OFINJULY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Example: Measles (dizense The nature of the injury, valvular heart diserse; etc. The contributory

If this certificate is holded over thoroughly and all questions answered in detail, it will prevent further correspondence.

In this certificate is likely and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
County Lew	Registration Dist. No. 2-04
Village or City Folchester Beach	No. Xuslelow # > St Ward
I make at another than the second of the sec	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME / weining June	ds. How long in U.S. if of foreign birth?yrsmosds.
801/101 21/1/11	m. M. m.
(a) Residence: No. 004000 (Usual place of abode)	SK, CHARGE If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Trust White Divorces (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Howard Quett	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF RIRTH (month day and year) Mars 1/2 1890	no medicaled 19
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2.30 m.
1/2 2 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Hacksellow	action Carrier fillali-
9. Industry or business in which work was done, as SILK MILL,	Ludden Wath
SAW MILL, BANK, etc.	
this occupation (month and year) 11. Total time (years) sport in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Ferens ellers for
13. NAME, Thompson)	frank raks
14. BIRTHPLACE (city or town)	January.
(State or country)	Name of operation Oete of Oete
# 15. MAIOEN NAME Neignia E. Connor.	What test confirmed diagnosis? Was there an au opsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Culpelistely Va-	Where did injury occur?
17. INFORMANT Celler & Smith Son)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 36 45 Obeshuf and Belle	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Palls pale lly 16, 193 V	Nature of injury
19. UNDERTAKER Office de Dorde	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chestealine	If so, specify
20. FILEBLUEG. 14, 19 32 Det fueth	(Signed) All Steel & M. D.
Registrar.	(Address)

7. S. No. 1

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PHYSICIANS should state

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

arefully supplied.

B.—WRITE PLA

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

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Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

(If death occurred in

a hospital er institu-

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DWORCED (Write-thr word)	16 DATE OF DEATH 8 - 9 , 193 2
Month (Day 1832 (Year)	that I last saw half alive on S. F. F. 1922, and that death occured on the date stated above, at T. P. m. The CASE OF DEATH * was as follows:
ession or Child or work Child are of industry blishment in or (employer) bry Kent &6 Critical Storms	(Signed) (Ourstion) yrs mos de (Signed) (Address) (Address) (Address)
AME Petty CE Rountry) Balt ma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
father FR. Scraver s. Rich Hall Mas	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Wesley Clacycl Com 8/9, 1935
32 192 K. T. Durden	7. R. Granes (Fallow) Rocks Half

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimention as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); cober pneumonia, Bronchoppeumonia ("Pneumonia");

> as fracture of skull, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart zamus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. telanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcona., unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. (secondary use of "Tumor" American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary, resulting from childbirth or miscarriage or intercurrent) affection need not be Committee on for malignant neoplasms); Chronic and consequences (e. g., sepers, Example: Mcasles (disease etc. valvular heart Nomenclature The contributory Always qualify all Measles disease etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	
PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
0 011 11	Registration Dish No. 203
Village or City Work Dall (No.	St: Ward) (If death occurred i
2	tion, give its NAME i.
2FULL NAME (MM)	slevens number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED	august 31
Hemaile White OR DIVORCED (Write the word)	august (Month) 3/5" (Day) 3/ (Year) 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
1 12 12 12 11 12 11 11 11 11 11 11 11 11	august 30,1932 210 august 31, 1932
(Month) (Day) (Year)	that I last saw het alive on august 31, 1932
	IA P.
7 AGE If LESS than I day	
J yrs, mos, 8 ds, or min.	The USE OF DEATH * was as follows:
8 OCCUPATION	O Malatinia A Sursa
(a) Trade, profession or particular kind of work Nouse Wife	State of the mobile to
(b) General nature of industry	curios cus regimeno
business, or establishment in which employed or (employer)	sless Ochegoro (Duration) unturbus
9 BIRTHPLACE	Contributory Sulmony Ordered
(State or country)	Secondary
1 10 NAME OF	William To Witala de
FATHER 71/m H Davis	(Signed) Comment M. D
M 11 BIRTHPLACE	Sept 1 1982 (Address 2151 William Un
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Mary a Wood	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country)	of death yrs mos, ds, State yrs mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea-h?
m. ne la h	Former or usual residence
(Informant) I'M Clarence Wersen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Of och Dall, Mde	Ollanden Mapel Seato
	20 UNDERTAKER AGURESS
15 Filed 8/1 1952 B. Lew thoroung	11/m 11 / 100 / 1/11
Registrar	W- 11 1000 hunch sell

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons en-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook. Housemaid. etc. If the occupation has been shanged definite salary, may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school, or At home. Care should be taken taborer, Farm laborer. Laborer-Coal naise, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmethire or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on 318). For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.sc. Examples: Cerebrosimulative of the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup" Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

. Recommendations on statement of cause of odiseases "totorius) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. stated unless important. as fracture of skull, and consequences (e. g., eepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and quelify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symp) mcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on can be ascertained as the cause. Always qualify all "Exhaustion, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convuls perilanaeum, etc., Carcinonu, Sarcama, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid 9.9 ongenital," "Senile," etc.), "Drug",
"Heart failure," "Haemorrhage," for malignant neoplasms); Measles, Chronic valvudar heart disease Example: Measles (disease etc. The contributory Nomenclature not be

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the ideals is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?___ Length of residence in city or Ward. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY That I attended decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months If LESS than Days to have occurred on the data stated above, at or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. OCCUPATION may back Andustry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc Data deceased last worked et 11. Total time (years) this occupation (month and spent in this AGE occupation ... instructions Other Contributary Canses of importance: 12. BIRTHPLACE (city or town (State or country) FATHER See 14. BIRTHPLACE (city or Town plain (Stata or country) efully What test confirmed diagnosis?_____ Was there an autopsy?____ OTHER 15. MAIDEN NAME in 23. If death was dua to external causas (VIOL ENCE) fill in elso the following: im portant DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnor 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR Manner of injury CAUSE Natura of Injury TION 19. UNDERTAKER (Address) If so, specify 20. FILED lug 12 1932 Registrar.

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		RUS ALSO		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Every 41eth of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. NT RECORD PERMA ď. S VITH UNFADING INK--THIS PLAINLY WRITE m ż

BINDING

FOR

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MARGIN

S. No. 1

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	00010
PLACE OF DEATH	STATE OF MARYLAND
County / Lens	CERTIFICATE OF DEATH
County The	(0)
Morriso 4T 1- 9.1	Registration Dist. No. 201
Village or City Jules Lyryy (No.	St: Ward) (If death occurred in
06 000 718	tion, give its NAME is stead of street and
2FULL NAME Charley Well	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
M WIDOWED ON DIVORCED	1923 2
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mug 2, 1932	192 to , 192 ,
(Month) (Day) (Year)	that I last saw half affive on Might 1925
7 AGE Of ISLESS than	and that death occurred on the date stated above, atm,
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	All Dogal
business, or establishment in	(Durajion)yrsds.
which employed or (employer)	Contributory Makeron
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Duration year Inos de.
FATHER CIMENY THE	(Signed)
IN IN BIRTHPLACE	Mg3 1952 (Address) Sull Tand
State or country) Bullerhouse	*State the I Israse Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER CLICC / ZUILLON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Dullerway /	At place In the
(State or Country) Whoteon had	of death yrs description descr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Barrie The	Former or usual residence
(Informant) Emply Willy	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mytwin Bullellauni	Bullerlown med ang 3, 1, 32
15 Filed dly 3 1922 Jolle Cach	20 UNDERTAKER
Registra	BK Tellows Still Fond
lf more banks are needed, address btate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Wilnum Loborer, Loborer-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, worked on may form part of the second statement report specifically the occupations of persons en-Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a without more precise specification as Doy (b) Automobile factory. The materia Stotionary fireman, etc. But in many single word or term on -Coal mine, etc. not gainfully em-The ques-Grocery; Wom-

stinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death—Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpncumonia, Bronchopneumonia "("Pneumonia,

> carbolic acid-probably suicide. The nature of the injury, delanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., ol approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease etc. affection need not be Nomenclature The contributory Meosles ;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- BEATT
County Rent	Registration Dist. No. 202
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME many & young	
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robber Yours,	22. I HEREBY CERTIFY that t attended deceased from
6. DATE OF BIRTH (month, day, and year) when 1872 7. AGE Years Months Days If LESS than 1 day,	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	were a follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. SAWYER, ETC. SAWYER	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Brown neck; (State or country) Rent 60.	Cities Countries of Importance.
13. NAME Walliem Sindles	
13. NAME Welliem Lindles 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
置 15. MAIDEN NAME 九の	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Accident, suicide, or homicide? Date of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Pomorus Date Avg 24, 1932	Manner of injury
19. UNDERTAKER J. J. Freemprim Sen. (Address Jederals wy my	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Ling 23 , 1983 2N F Shills	(Signed) N D.

V. S. No. 1

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

FION is very important.

should be carefully supplied.

E PLAINLY,

ż

WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

RECORD. Every item of infor-

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	N 80 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH stated EXACTLY, P properly classified. of certificater RECORD PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE IS DATE OF BEATH MARRIED. WIDOWED.

OR DIVORCED

(Write the word) may be pino 6 DATE OF BIRTH rms so that i D ~ (Month) (Day) (Year) (If LESS than 7 AGE day hrs. supplied MARGIN RESERVED 8 OCCUPATION 99 (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 97 11 BIRTHPLACE PARENTS OF FATHER ATION of information (State or country) 12 MAIDEN NAME OF MOTHER Every item of inform CIANS should state statement of OCCUP 13 BIRTHPLACE OF MOTHER (State or Country) TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 20 UNDERTAKER Registras If more b.anks are needed, addre. a Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ward)

(If death occurred im a hospital or institution, give its NAME ir stead of street and

CERTIFICATE OF DEATH

trug	1-3	, 192.	
	n)(Day)		
17/. I HEREBY CERTIFY, Tha	t I attended t	he deceased for	rom
Jul 1932 to	my	13,192	32
hat I last saw h La alive on L	Cun.	L7_ 192	7
and that death occurred on the date		at	_m,
The CAUSE OF DEATH * was as follo	Z-	. 4	
Pulmonar	7		
Corro			
		C mos.	
(Duration)yra	mos	ds.
Contributory Secondary	***************************************		
(Duration	n)yrs	Вое	ds.
Signed) J	- fr	M	l. D.
aug/J1981 (Address)			
/:			-
*State the Userase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in of Injury and	deaths from d (2) Whether	
8 LENGTH OF RESIDENCE (For ionts or Recent Residents)	Hospitals, Inc	stitutions, Tr	ans
At place of deathyrsmosds.	In the Stateyrı	smos	ds.
Where was disease contracted, f not at place of dea.h?		9 \$ m \$ 9\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
former or usual residence	~ v 2 0 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 	~~ + + + + + + + + + + + + + + + + + +	
9 PLACE OF BURIAL OR REMOVAL	DAT	E OF BURIAL	

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No.

Approved by U. S. Census and American Public Health Association.)

business that fact may be indicated thus; Farmer (re-tired 6 yes. For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The 'material single word or term on The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEA. If AUSING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

tetanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-It this certificate is looked over thoroughly and al qu stions Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease; Measles; of the